

## **KENTUCKY HEALTH BENEFIT EXCHANGE ADVISORY BOARD**

### **BEHAVIORAL HEALTH SUBCOMMITTEE**

#### **Meeting Minutes**

**March 19, 2013**

#### **Call to Order and Roll Call**

The fifth meeting of the Behavioral Health Subcommittee was held on Tuesday, March 19, 2013, at 1:30 p.m. in the Small Conference Room at the Office of the Kentucky Health Benefit Exchange. Julie Paxton, Chair, called the meeting to order at 1:35 p.m., and the Secretary called the roll.

Subcommittee Members Present: Julie Paxton, Chair; Gabriela Alcalde (by phone); David Hanna; Kathy Lower (by phone); Sheila Schuster; Steve Shannon; and Marcus Woodward. Dr. Rich Edelson, Nancy Galvagni, Kelly Gunning, Susan Rittenhouse, and Jordan Wildermuth were not present at the meeting.

Staff Present: Carrie Banahan, Lee Barnard, Reina Diaz-Dempsey, Miriam Fordham, Bill Nold, Brenda Parker, Vanessa Petrey, and D. J. Wasson (DOI).

#### **Approval of Minutes**

A motion was made by Sheila Schuster to accept the minutes of the February 19, 2012, meeting, seconded by Marcus Woodward, and approved by voice vote.

#### **Update on Exchange Activities**

Bill Nold, Deputy Executive Director, Office of the Kentucky Health Benefit Exchange (KHBE), updated the subcommittee on Exchange activities. The KHBE is preparing for a site visit from representatives from the Centers for Medicare and Medicaid Services (CMS) for the Final Detailed Design Review. CMS will assess where Kentucky is in its development of the Exchange. CMS wants to be assured that Kentucky will be ready for open enrollment and operational by October 1, 2013. The KHBE continues to draft administrative regulations regarding eligibility and enrollment, qualified health plans (QHP), the Navigator Program, and the Small Business Health Options Program. The KHBE also is in the process of entering into Memorandums of Understanding with other state agencies such as the Department for Medicaid Services, the Department of Insurance (DOI), and the Department for Community Based Services.

Sheila Schuster asked about the KHBE time line for open enrollment on October 1, 2013. Carrie Banahan, Executive Director, KHBE, responded that the KHBE is currently working on the Request for Proposal (RFP) for the Navigator/In-Person Assister program and the KHBE hopes to have the RFP published in May 2013 to award contracts in June 2013 and begin training in July and August 2013 for Navigators and assisters. The DOI will begin accepting form filings from the insurers in April 2013 and rate filings in May 2013. The goal is to have all the plans certified by August 2013 in order to upload the plans into the system in September 2013 for individuals to go to the Web site, review the plans, and be ready to select their plan on October 1, 2013. As part of the QHP certification process, the DOI will review and approve insurers' forms, rates, provider network, and drug formularies. The KHBE will complete the rest of the certification process. The insurers have to submit a quality plan, and comply with transparency requirements regarding the number of enrollees, appeals, complaints, and consumer satisfaction surveys. The QHP certification review will be done simultaneously by the DOI and the KHBE so that when the DOI approves the forms and rates, the KHBE will certify the plans within 30 days or less.

Ms. Banahan reported that the KHBE has signed a contract with Doe-Anderson for marketing and outreach. Education efforts will begin in April and in the summer, as part of the marketing campaign, will include radio ads, TV commercials, newspaper ads, and so forth. Ms. Banahan also informed the subcommittee that information technology (IT) system testing begins in May 2013 and testing with the federal government will begin in two weeks. CMS wants to test states' ability to access the federal hub and access information. Kentucky has been selected to be part of the Wave I testing because of its advancement in implementation of the KHBE and the IT system.

Marcus Woodward commented that insurance agents met with the DOI and IT teams to discuss the KHBE dashboard and IT system. The agents were able to uncover issues that the KHBE was able to address ahead of time prior to implementation. Ms. Banahan stated that the KHBE is trying to make the system user-friendly for everyone involved, including agents, consumers, and employers.

### **Report of the Behavioral Health Workgroup**

Ms. Schuster reported that the Behavioral Health Workgroup has met twice and made great progress. The workgroup discussed credentialing of providers for those independently practicing behavioral health providers which, under statute, are licensed under supervision but should be considered for reimbursement by insurers. D. J. Wasson, Department of Insurance, has surveyed the five insurers and has received feedback from two and is awaiting a response from the other three. The workgroup also discussed the definition and issues with network adequacy regarding the 30 minutes, 30 miles standard. There was also discussion regarding prior authorization and medical necessity. The work group is concerned that there is a dual standard with differing standards used for mental health and physical health.

### **Overview of Mental Health Parity and Clinical Review Criteria**

Lee Barnard, KHBE, provided a summary of mental health parity and clinical review criteria. There are two mental health parity acts that require insurers to cover mental health and addiction services comparable to medical services (same dollar and treatment limits, in and out of network

benefits). However, neither act mandates coverage for any specific mental disorder or the use of specific clinical criteria. Most commercial insurers are accredited by URAC or the NCQA which require that clinical criteria to be in place, that providers have access to the criteria, and that the insurers' behavioral health criteria are aligned with their medical criteria. There are also comparable requirements in Kentucky law that any company using utilization review has to be registered with the DOI and the criteria has to be made available to in-network providers. A denial can only be made by a physician. Kentucky also has an internal appeals process that allows the request of a specialist or sub-specialist. Also, under Kentucky's external review law, members are allowed to go beyond the insurer's internal appeals process and request an outside review by an impartial party to make a decision.

Ms. Schuster asked for clarification on whether a member would have to exhaust the internal appeals process before seeking an external appeal. KHBE and DOI staff explained that a member would have to exhaust the internal appeals process before seeking an external appeal, but could request an expedited review and that the internal and external review can be conducted concurrently.

#### **Discussion of Insurer Responses Regarding Precertification/Prior Authorization and Parity of Medical Necessity Criteria**

The subcommittee reviewed the responses submitted by the insurers. The subcommittee members were also emailed the links to the insurer criteria. Chairman Paxton asked if there were any questions or comments. There were no questions or comments by the subcommittee members.

#### **Other Business**

The next Behavioral Health Subcommittee meeting is scheduled for April 9, 2013, at 1:30 pm.

#### **Adjournment**

The meeting adjourned at 2:12 p.m.